

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90021 025 \*\*\*\*61.25

<b>DOCUMENT # N95000001496</b> 1. Entity Name <b>HERNANDO BEACH/FOREST GLENN CRIME WATCH, INC.</b>					
Principal Place of Business <b>5165 FOREST GLENN DRIVE #28 SPRING HILL FL 34607 US</b>			Mailing Address <b>5165 FOREST GLENN DRIVE #28 SPRING HILL FL 34607 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3307497</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HARRIS, LORI 3216 SPANISH BAYONET DRIVE HERNANDO BEACH FL 34607</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u>Lori Harris - Treasurer</u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>2-6-08</u>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JAWORSKI, LUCILLE</b>		NAME		
STREET ADDRESS	<b>4151 DIAZ CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HERNANDO BEACH FL 34607</b>		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSON, DELTON</b>		NAME		
STREET ADDRESS	<b>3317 SCARLETT SAGE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HERNANDO BEACH FL 34607</b>		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCQUADE, JOHN</b>		NAME		
STREET ADDRESS	<b>3216 SPANISH BAYONET DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HERNANDO BEACH FL 34607</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PAPPAS, CONNIE</b>		NAME	<b>ART Kasper</b>	
STREET ADDRESS	<b>4091 GULF COAST DRIVE</b>		STREET ADDRESS	<b>3194 Gulf Coast Dr.</b>	
CITY-ST-ZIP	<b>HERNANDO BEACH FL 34607</b>		CITY-ST-ZIP	<b>HERNANDO BEACH, FL 34607</b>	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARRIS, LORI</b>		NAME		
STREET ADDRESS	<b>3216 SPANISH BAYONET DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HERNANDO BEACH FL 34607</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'GRADY, TED</b>		NAME		
STREET ADDRESS	<b>6455 AMBER JACK DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HERNANDO BEACH FL 34607</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Lori Harris / LORI HARRIS</u>      <u>2-6-08</u>      <u>352-597-6803</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Cayman Phone #</small>					